

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000093741

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** 3D PROVIDERS CORPORATION

**Current Principal Place of Business:**

111 S.W. SABRE AVENUE  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

322 S MARION AVE  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

111 S.W. SABRE AVENUE  
LAKE CITY, FL 32024 US

**New Mailing Address:**

**FEI Number:** 54-2177360      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DELBENE, DONNA  
111 S.W. SABRE AVENUE  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DELBENE, DONNA M  
Address: 111 S. W. SABRE AVENUE  
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA DELBENE

PRES

02/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date